

**Cleveland Municipal School District
School Nutrition
After School Care Snack Application**

Name of School _____

Name of Program _____

Program Administrator _____ Department _____

Phone Number _____ Mailing Address _____

Site Supervisor _____ Phone Number _____

Beginning Date of Program _____

Ending Date of Program _____

Will the program be held on a Saturday YES NO

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday*
Hours						
# of students						

*Saturday snacks are not reimbursable. Please provide a fund and budget number below:

Is the site active in the National School Lunch Program	Yes	No
Are there regularly scheduled activities which are supervised to include educational or enrichment activities	Yes	No
Is the program open to all children	Yes	No

- * The Program Administrator must provide a roster with the student's names and ID numbers
- * If the answer is NO to any of the above questions, a snack program may not start at the site until proper approval is granted
- * **Please Send this form and a roster to Anu Soniyi at School Nutrition**
Anu.Soniyi@clevelandmetroschools.org
- * **Please allow at least one week for approval**

Site Coordinator

Date: _____



Approval

Accounts Manager

Date: _____